

NOTICE OF PRIVACY PRACTICES OF O'BERRY NEURO-MEDICAL TREATMENT CENTER

O'Berry Neuro-Medical Treatment Center must collect timely and accurate health information about every client we serve and make that information available to the individual's health care team so that the team can make accurate diagnoses and provide needed services. There may also be times when an individual's health information will be sent to service providers outside this agency for services that this agency cannot provide. It is the legal duty of O'Berry Neuro-Medical Treatment Center to protect each person's health information from unauthorized use or disclosure while providing health care, obtaining payment for that health care and for other services relating to the provision of health care.

The purpose of this *Notice of Privacy Practices* is to inform you about how the health information on each person served may be used within O'Berry Neuro-Medical Treatment Center, as well as reasons why this health information could be sent to other service providers outside of this agency.

This *Notice* describes your rights as the personal representative of the individual with regards to the protection of this health information and you, as personal representative, may exercise those rights. This *Notice* also gives you the names and contacts should you have questions or comments about the policies and procedures O'Berry Neuro-Medical Treatment Center uses to protect the privacy of this health information.

Please review this document carefully and ask for clarification if you do not understand any portion.

Client Acknowledgement

I received O'Berry Neuro-Medical Treatment Center's *Notice of Privacy Practices*, which describes this agency's methods for protecting the privacy of health information that is used in providing health care services to all clients.

_____/_____
Client (or Personal Representative) Date

Note: Please sign and return this page to O'Berry Neuro-Medical Treatment Center in the self-addressed, stamped envelope provided. Please keep the pages which describe your rights and our privacy practices.

O'Berry Neuro-Medical Treatment Center
**NOTICE OF
PRIVACY PRACTICES**

THIS NOTICE DESCRIBES HOW YOUR MEDICAL INFORMATION MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

O'Berry Neuro-Medical Treatment Center is required by state and federal law to protect the privacy of each person's identifiable health information. This health information includes mental health, developmental disability and/or substance abuse services that are provided, payment for those health care services, or other health care operations provided.

This agency is required by law to inform you, as personal representative, of our legal duties and privacy practices with respect to health information through this *Notice of Privacy Practices*. This *Notice* describes the ways we may share an individual's past, present and future health information, ensuring that we use and/or disclose this information only as we have described in this *Notice*. We do, however, reserve the right to change our privacy practices and the terms of this *Notice*, and to make the new *Notice* provisions effective for all health information we maintain. Any changes to this *Notice* will be posted in our Personnel Department in the administration building. Copies of any revised *Notices* will be available to you upon request.

If at any time, you have questions or concerns about the information in this *Notice* or about our agency's privacy policies, procedures and practices, you may contact our agency Privacy Official in the Client Information Department at 919-581-4676.

Use and Disclosure of Health Information Without Your Authorization

Treatment: *O'Berry Neuro-Medical Treatment Center* may use an individual's health information, as needed, in order to provide, coordinate or manage health care and related services for the individual. This includes sharing the health information with other health care providers within this agency. (**Example:** The treatment team composed of the O'Berry disciplines who serve each individual will need to review assessment and treatment information to provide care.)

We will disclose an individual's health information outside of this agency for treatment purposes only with your consent or when otherwise allowed under state or federal law. (**Example:** We may disclose health information to other mental health facilities or professionals (i.e., community based area mental health, developmental disabilities and substance abuse services program or psychiatric service at UNC Hospitals) in order to coordinate care. (**Example:** We may share an individual's health information with one of our outside medical or dental service providers.)

Payment for Services: The treatment provided all individuals will be shared with our agency's billing department so that billing can take place for services rendered by O'Berry Neuro-Medical Treatment Center and its outside service providers. We may also share health information with agency staff who review services provided to make certain care and treatment is appropriate. We will not disclose health information outside of this agency for billing purposes without your consent (except to designated service providers and in certain situations when we need to determine if an individual is eligible for benefits such as Medicaid, Medicare or Social Security). (**Example:** Our billing staff may contact an individual's local Department of Social Services to

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determine if the individual is currently eligible for Medicaid or would qualify for Medicaid.

Example: Our billing department will collect insurance and other financial information at the time of admission to assist with eligibility determination.)

Health Care Operations: *O'Berry Neuro-Medical Treatment Center* may use or disclose health information in performing a variety of business activities that we call "health care operations". Some examples of how we may use or disclose an individual's health information for health care operations include the following:

- Reviewing the care provided to an individual and evaluating the performance of the individual's treatment/habilitation team to provide quality care.
- Reviewing and evaluating the skills, qualifications and performance of health care providers who serve individuals at O'Berry Neuro-Medical Treatment Center.
- Providing training programs for agency staff, students and volunteers.
- Cooperating with outside organizations that review and determine the quality of care that individuals receive.
- Provide information to professional organizations that evaluate, certify or license health care providers, staff or facilities.
- Allowing our agency attorney to use an individual's health information when representing this agency in legal matters.
- Resolving grievances within our agency.
- Providing information to internal client advocates who represent the interests of all individuals served.

Other Circumstances: *O'Berry Neuro-Medical Treatment Center* may disclose an individual's health information for those circumstances that have been determined to be so important authorization may not be required. Prior to disclosing an individual's health information, we will evaluate each request to ensure that only necessary information will be disclosed. Those circumstances include disclosures that are:

- Required by law;
- For public health activities. (**Example:** we may disclose health information to public health authorities regarding communicable diseases to protect public health or the spread of a disease or at the request of the State or Local Health Director.)
- Regarding abuse, neglect or domestic violence;
- For health oversight activities such as maintaining licensure of O'Berry Neuro-Medical Treatment Center as an Intermediate Care Facility for the Mentally Retarded;
- For law enforcement purposes unless otherwise prohibited by state or federal law;
- For court proceedings such as court orders to appear in court;
- Relating to death such as disclosure to a funeral director;
- Relating to donation of organs or tissue;
- To avert a serious threat to the health or safety of a person or the public;
- Relating to specialized government activities such as national security;
- To correctional institutions or other law enforcement officials when an individual served by O'Berry Neuro-Medical Treatment Center is in their custody;
- For Worker's Compensation in cases pending before the Industrial Commission;
- To an individual's next of kin or other person (who has been involved in the care of the client) prior to admission (as identified by the individual). The disclosure will be limited to the fact of admission, discharge, transfer, or information related to obtaining a legal guardian for an individual.
- Related to health research.

Contacting You

O'Berry Neuro-Medical Treatment Center may use the health information of an individual to contact you, as the individual's personal representative, for the following reasons.

- To remind you of upcoming meetings. (**Example:** This agency may send a meeting notice to your home to invite you to participate in a treatment planning meeting for this individual.)
- To make you aware of alternative treatment, services, products or health care providers that may be of interest to improve the care of this individual. (**Example:** If an individual is receiving treatment for a particular condition and his/her health care team learns of new or alternative treatment, we may inform you the available treatment.)
- To contact you to request your participation in raising funds for this agency. If you object to being contacted in this way for fund-raising efforts, you must notify our Privacy Official who is listed in this *Notice*. (**Example:** If our agency Foundation requested information in order to contact you for fund-raising efforts, we would only release your name, address and telephone number.)

Disclosure of Your Health Information That Allows You An Opportunity To Object

There are certain circumstances where we may disclose an individual's health information and you have an opportunity to object. Such circumstances include:

- The professional responsible for an individual's care may disclose the fact of the individual's admission to or discharge from this agency to the individual's next of kin
- Disclosure to public or private agencies providing disaster relief. (**Example:** We may share an individual's health information with the American Red Cross following a major disaster such as a flood.)

As personal representative for this individual, if you would like to object to our disclosure of health information in either of the situations listed above, please contact our agency Privacy Official listed in this *Notice* for consideration of your objection.

Disclosure of Your Health Information That Requires Your Authorization

O'Berry Neuro-Medical Treatment Center will not disclose an individual's health information without your authorization except as allowed or required by state or federal law. For all other disclosures, we will ask you to sign a written authorization allowing us to share or request health information. Before you sign an authorization, you will be fully informed of the exact information you are authorizing to be disclosed/requested and to/from whom the information will be disclosed/requested.

You may request that your authorization be cancelled by informing our agency Privacy Official that you do not want any additional health information about the individual exchanged with a particular person/agency. You will be asked to sign and date the Authorization Revocation section of the original authorization; however, verbal notice of revocation is acceptable. Your authorization will then be considered invalid at that point in time; however, any actions that were taken on the authorization prior to the time you cancelled your authorization are legal and binding.

If the individual we serve is a competent minor who has consented to treatment for services regarding the prevention, diagnosis and treatment of certain illnesses including: venereal disease

and other diseases that must be reported to the State; pregnancy; abuse of controlled substances or alcohol; or emotional disturbance, the individual has the right to authorize disclosure of his/her health information. Disclosure of health information to external client advocates will require authorization by the competent minor and the individual's personal representative if one has been designated.

Your Rights Regarding Your Health Information

As personal representative for an individual we serve, you can exercise the following rights regarding this individual's health information as created and maintained by this agency.

Right to receive a copy of this *Notice*

You have the right to receive a copy of *O'Berry Neuro-Medical Treatment Center's Notice of Privacy Practices*. We are sending you this *Notice* and you are asked to sign an acknowledgement that you received it.

In addition, copies of this *Notice* have been posted in several public areas throughout this agency. You have the right to request a paper copy of this *Notice* at any time from our agency Residential Services Office in the O'Berry Administration Building or our agency Privacy Official in the Client Information Department.

Right to request different ways to communicate with you

You have the right to request to be contacted at a different location or by a different method. For example, you may request all written information from this agency be sent to your work address rather than your home address. We will agree with your request as long as it is reasonable to do so; however, your request must be made in writing and forwarded to our agency Privacy Official.

Right to request to see and copy the health information for the person you represent

As the personal representative for the individual you have the right to request to see and receive a copy of health information in the designated record sets that are used to make decisions for the person. Your request must be in writing and forwarded to our agency Privacy Official. You can expect a response to your request within 30 days. If your request is approved, you may be charged a fee to cover the cost of the copy.

Instead of providing you with a full copy of the individual's health information record, we may give you a summary or explanation of the health information, if you agree in advance to that format and to the cost of preparing such information.

Your request may be denied by the individual's physician or a professional designated by our agency director under certain circumstances. If we do deny your request, we will explain our reason for doing so in writing and describe any rights you may have to request a review of our denial. In addition, you have the right to contact our agency Privacy Official to request that a copy of the health information be sent to a physician or psychologist of your choice.

Right to request amendment of an individual's health information

You have the right to request changes in the individual's health information in the designated record sets used to make decisions for the individual. If you believe that we have information that is either inaccurate or incomplete, you may submit a request in writing to our agency Privacy Official and explain your reasons for the amendment. We must respond to your request within 30 days of receiving your request. If we accept your request to change the health information, we

will add your amendment but will not destroy the original record. In addition, we will make reasonable efforts to inform others of the changes, including persons you name who have received the health information and who need the changes.

We may deny your request if:

- The information was not created by this agency (unless you prove the creator of the information is no longer available to change the information);
- The information is not part of the designated record set used to make decisions about the individual;
- We believe the information is correct and complete; or
- Your request for access to the information is denied.

If we deny your request to change health information in the designated record, we will explain to you in writing the reasons for denial and describe your rights to give us a written statement disagreeing with the denial. If you provide a written statement, the statement will become a permanent part of the individual's record. Whenever disclosures are made of the information in question, your written statement will be disclosed as well.

Right to request a listing of disclosures we have made

You have a right to a written list of disclosures of the individual's health information. The list will be maintained for at least six years for any disclosures made after April 14, 2003. This listing will include the date of the disclosure, the name (and address, if available) of the person or organization receiving the information, a brief description of the information disclosed and the purpose of the disclosure.

This agency is not required to include the following on the list of disclosures:

- Disclosure for the individual's treatment;
- Disclosure for billing and collection of payment for an individual's treatment;
- Disclosures related to our health care operations;
- Disclosures that you authorized for the individual;
- Disclosures to law enforcement when the individual is in their custody; or
- Disclosures made to individuals involved in the care of the individual.

Your first request for a listing of disclosures will be provided to you free of charge. However, if you request a listing of disclosures more than once in a 12 month period, you may be charged a reasonable fee. We will inform you of the cost involved and you may choose to withdraw or modify your request at that time, before any costs are incurred.

Right to request restrictions on uses and disclosures of health information

You have the right to request that we limit our use and disclosure of an individual's health information for treatment, payment and health care operations. You also have the right to request a limit on the health information we disclose about this individual to his/her next of kin or someone who was involved in the individual's care prior to admission. For example, you could ask that we not disclose information about the individual's family history to other family members.

We will make every attempt to honor your request but are not **required** to agree to such request. However, if we do agree, we must follow the agreed upon restriction (unless the

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information is necessary for emergency treatment or unless it is a disclosure to the U.S. Secretary of the Department of Health and Human Services).

You may cancel the restrictions at any time. In addition, this agency may cancel a restriction at any time, as long as we notify you of the cancellation.

Violations/Complaints

If you believe we have violated the privacy rights of the individual you represent, or if you want to file a complaint regarding our privacy practices, you may contact our agency Privacy Official. Contact information is as follows:

O'Berry Neuro-Medical Treatment Center
Privacy Official, Client Information Department
400 Old Smithfield Road
Goldsboro, NC 27530-8464
919-581-4676
FAX Number: 919-581-4690

The North Carolina Department of Health and Human Services operates an information and referral service located in the Office of Citizen Services, known as **CARE-LINE**, which has been designated to receive and document complaints and concerns regarding your privacy rights. Contact information is as follows:

CARE-LINE
2012 Mail Service Center
Raleigh, NC 27699-2012
Voice Phone: 1-800-661-7030 (Toll Free)
(919) 733-4261 (Triangle Area)
FAX: (919) 715-8174
TTY: (919) 733-4851
Email: care.line@ncmail.net

You may also send a written complaint to the United States Secretary of the Department of Health and Human Services. Contact information is as follows:

Office for Civil Rights
U.S. Department of Health and Human Services
Atlanta Federal Center, Suite 3B70
61 Forsyth Street, S.W.
Atlanta, GA 30303-8909
Voice Phone: (404) 562-7886
FAX: (404) 562-7881
TDD: (404) 331-2867

If you file a complaint, we will not take any action against you or change our treatment of the individual you represent in any way.

Legal References

Primary Federal and State laws and regulations that protect the privacy of an individual's health information are listed below.

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Confidentiality of Alcohol and Drug Abuse Patient Records – 42 U.S.C. 290dd-3 and 42 U.S.C. 290ee-3 for Federal laws and 42 CFR Part 2 for Federal regulations.

Health Insurance Portability and Accountability Act (HIPAA), Administrative Simplification, Privacy of Individually Identifiable Health Information – 42 U.S.C. 1320d-1329d-8 and 42 U.S.C. 1320d-2(note) for Federal laws and 45 CFR Parts 160 and 164 for Federal regulations.

NC General Statutes – Chapter 122C, Article 3 (Client's Rights and Advance Instruction), Part 1 (Client's Rights).

NC Administrative Code – 10 NCAC 18 D (Confidentiality Rules).